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PATTERSON	THUENTE CHR	ISTENSEN PEDE	RSEN, P.A.	I hereb	y certify that this	Fee(s) Trai	ailing or Transn nsmittal is being	nission deposited with the United	
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EXAMINER		ART UNIT	CLASS-SUBCLASS	s					
GRAY, PHILLIP A		3767	604-523000						
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,	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Christensen Pedersen, P.A.							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to						
PTO/SB/47; Rev 03-0 Number is required.	Indication form ed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Bruce A. Lev							
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PLEASE NOTE: Unle	ess an assignee is identi	fied below, no assignee	data will appear on t	the pater	nt. If an assignee	is identifie	ed below, the do	cument has been filed for	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	🔲 Inc	dividual 🔲 Corp	poration or o	other private grou	p entity Government	
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Issue Fee	o. Payment of Fee(s): (  A check is enclos		nrst reapply any	previously	paid issue tee si	iown above)			
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Change in Entity State	us (from status indicated	above)	overpayment, to I	Deposit	Account Number	100031	(enclose an	extra copy of this form).	
a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no						
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